

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-026887  
State File No.

FILED JUL 21 1958

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>6885</b>
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>15 Days</b>		c. CITY OR TOWN <b>Florissant</b> <b>4031</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>24 HOSPITAL OR INSTITUTION St. Louis Children's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>525 South St. Jacques</b>		
3. NAME OF DECEASED a. (First) <sup>1</sup> <b>Mark</b> (Type or Print)		b. (Middle) <b>Allen</b>		c. (Last) <b>Dede</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. <del>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</del> (Specify)		8. DATE OF BIRTH <b>11-23-53</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		9. AGE (In years last birthday) <b>4</b> If UNDER 1 YEAR: Months <b>7</b> Days _____ Hours _____ Min. _____
11a. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Norman Rudolph Dede</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Gregory</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alice Trowbridge</b> ADDRESS <b>500 S. Kingshighway</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor - Medulla Oblongata</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <b>193.0</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION <b>1957</b>		20. AUTOPSY? <b>/ YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <b>6-24-58</b> , 19 <b>58</b> , to <b>7-9-</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>7-9-</b> , 19 <b>58</b> , and that death occurred at <b>2:50 A</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>J. Karl Midlerkamp</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>500 S. Kingshighway</b>		23c. DATE SIGNED <b>7/9/58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 11, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b> (State) <b>St. Louis County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>JUL 10 1958</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F.H. Inc.</b> ADDRESS <b>1936 St. Louis Ave.,</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 45

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.